
TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Emergency Rule
LSA Document #12-110(E)

DIGEST

Temporarily amends [405 IAC 5-16-1](#) to include freestanding birthing center services as services covered by Medicaid. Temporarily adds noncode provisions to include definitions, eligibility requirements, description of covered services, and criteria for reimbursement methodology and rates for freestanding birthing center services. Authority: [IC 4-22-2-37.1\(a\)\(37\)](#); [IC 12-15-21-2](#); [IC 12-15-21-3](#). Effective February 27, 2012.

SECTION 1. (a) This SECTION is supplemental to [405 IAC 5-16-1](#).

(b) Services provided to a recipient by:

- (1) home health agencies;**
- (2) clinics;**
- (3) federally qualified health centers;**
- (4) freestanding surgical centers;**
- (5) therapy centers;**
- (6) rehabilitation centers;**
- (7) freestanding birthing centers; or**
- (8) other such facilities;**

are covered subject to the limitations set out in this rule and [405 IAC 5-22](#).

SECTION 2. (a) As used in this rule, "certified nurse midwife" means a person licensed to practice as a nurse midwife under [IC 25-23-1-13.1](#).

(b) As used in this rule, "freestanding birthing center" means a health facility that is:

- (1) not a hospital;**
- (2) where childbirth is planned to occur away from the recipient's residence;**
- (3) licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services; and**
- (4) intended for the sole purpose of delivering a normal or uncomplicated pregnancy.**

(c) As used in this rule, "freestanding birthing center services" means services furnished to a recipient at a freestanding birthing center as defined in [IC 16-18-2-36.5](#) and this rule.

(d) As used in this rule, "office" means the family and social services administration, office of medicaid policy and planning.

SECTION 3. (a) The purpose of this SECTION is to establish a reimbursement methodology for services provided by freestanding birthing centers covered by the state of Indiana Medicaid program. Continued participation in the Medicaid program and payment for services is contingent upon maintenance of state licensure and conformance with the Medicaid provider agreement.

(b) Covered freestanding birthing center services shall be reimbursed in accordance with this SECTION.

- (1) Payment for services that would otherwise be performed in a hospital setting (i.e., deliveries) shall be reimbursed to the freestanding birthing center at a flat rate determined by the office.**
- (2) Payment of a labor management fee for those situations when the recipient is transferred to a hospital before the delivery is completed shall be reimbursed to the freestanding birthing center at a flat rate determined by the office.**
- (3) Payment for physicians and certified nurse midwives shall be reimbursed in accordance with [405 IAC 1-11.5](#).**

SECTION 4. Medicaid reimbursement is available to freestanding birthing centers for services provided to recipients subject to the limitations in this rule and [410 IAC 27](#).

SECTION 5. (a) Services provided in a birthing center shall be limited in the following manner:

- (1) A recipient must be considered as having a low-risk, normal or uncomplicated pregnancy as**

defined in [410 IAC 27-1-15.5](#).

(2) Delivery shall be performed by a:

(A) certified nurse midwife; or

(B) physician.

(3) Surgical services are limited to episiotomy and episiotomy repair, and shall not include operative obstetrics or cesarean sections.

(4) Labor shall not be inhibited, stimulated, or augmented with chemical agents during the first or second stage of labor.

(5) Systemic analgesia may be administered and local anesthesia for pudendal block and episiotomy repair may be performed.

(6) General and conductive anesthesia shall not be administered at birthing centers.

(7) A recipient shall not routinely remain in the facility in excess of twenty-four (24) hours.

(b) Medicaid reimbursement is not available for birthing center facility charges if the services provided are such that the services ordinarily could have been provided in a physician's office. Such services provided outside a physician's office will be reimbursed at the fee allowed for the same service provided in the office.

(c) Freestanding birthing center services rendered in a recipient's home are noncovered services.

SECTION 6. SECTIONS 1 through 5 of this document expire on February 28, 2014.

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Filed with Publisher: February 27, 2012, 11:52 a.m.

Posted: 02/29/2012 by Legislative Services Agency

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